



EV 123140879 US

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Mailing Label

Label 11-F October 2001



UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee		Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In	Military	COD Fee		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight	Int'l Alpha Country Code	Total Postage & Fees		<input type="checkbox"/> WAVES OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
lbs. ozs.	Acceptance Clerk Initials	S		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature			
No Delivery							
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday							
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. X770738				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) PHONE 713 977 7000				TO: (PLEASE PRINT) PHONE			
ROBERT W STROZIER PLLC 2925 BRIARPARK DR STE 930 HOUSTON TX 77042-3728				ASSISTANT COMMISSIONER OF PATENTS WASHINGTON DC 20231-9999			
96605/13UTL				Box SEQ. Listing			
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com							

THE STAMP OF THE US PATENT OFFICE PLACED HEREON.
ACKNOWLEDGES RECEIPT OF:

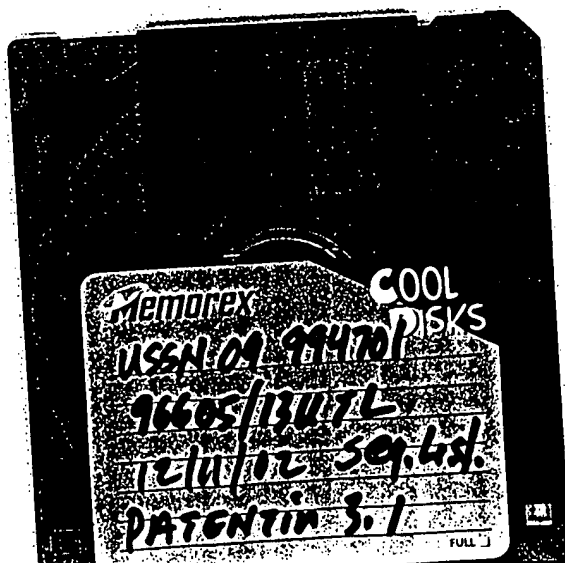
APPLICANTS: WILLSON, ET. AL

FOR: NUCLEIC ACID SEPARATION USING IMMOBILIZED METAL
AFFINITY CHROMATOGRAPHY
SERIAL NUMBER: 09/994710 DOCKET: 96605/13UTL

DATE DUE:

DATE MAILED: DECEMBER 12, 2002

- ☒ EXPRESS MAILING EMN:EV 123140 879 US.
- ☒ RESPONSE TO NOTICE TO COMPLY WITH SEQUENCE RULES
- ☒ COPY OF NOTICE
- ☒ SEQUENCE LISTING
- ☒ CRF SEQUENCE LISTING
- ☒ STATEMENT OF IDENTITY
- ☒ POSTCARD.



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Customer Copy
Label 11-F October 2001

EV 123140879 US



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code 77201	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope		Delivery Attempt	Time	Employee Signature	
Date In Mo. 12 Day 12 Year	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Postage \$ 13.60		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Attempt	Time	Employee Signature	
Weight lbs. 0.3	Int'l Alpha Country Code	COD Fee	Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 13.60		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. Fresh delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
CUSTOMER USE ONLY				NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X770738				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) ROBERT W STROZIER PLLC 2925 BRIARPARK DR STE 930 HOUSTON TX 77042-3728				TO: (PLEASE PRINT) ASSISTANT COMMISSIONER OF PATENT WASHINGTON DC 20231-9999			
PHONE: 713 977 7000				Box SEQ. Listing TS 13032			
96605/13UTL							
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com							

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